	a _pplicable fee(s), to: Mail or Fax		P.O. Alex	Mail Stop ISSUL LE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885 CATION FEE (if required). Blocks 1 through 5 should be completed where a of maintenance fees will be mailed to the current correspondence address as correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the				
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1. Change of correspondence		See Address" (37	2. For prin	ting on the pa	itent front page,	list To e	eph S. Tripoli	
CFR 1.363).			(1) the par	mes of up to	3 registered part	ent attorneys	***************************************	
☐ Change of correspond Address form PTO/SB/12	lence address (or Change of 22) attached.	Correspondence	or agents v	OR, alternativ	ery, e firm (having as	a member a 2 Har	vey D. Fried	
"Fee Address" indicate PTO/SB/47; Rev 03-02 (Number is required.	tion (or "Fee Address" Indic or more recent) attached. Us	eation form 2 registered attorner listed, no name v			a single firm (having as a member a cy or agent) and the names of up to not attorneys or agents. If no name is will be printed.			
3. ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED ON T	HE PATEN	l (print or typ	e)		at 1 and the form filed	
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified to 137 CFR 3.11. Completion	pelow, no assigned of this form is NO	data will app Ta substitute	car on the parties of filing and	atent. If an assignment.	ince is identified below,	the document has been filed.	
(A) NAME OF ASSIGN	BE	(B) RESIDEN	CE: (CITY an	d State or Co	JUNIKY)		
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Please check the appropriate	sussignee category or categ				Individual XIV	Corporation or other priva	ate group entity Governm	
4a. The following fee(s) are	enclosed:	41	Payment of		t of the fee(s) is	enclosed		
Lisue Fee								
Publication Fee (No :	icu)	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 07 08 32 (enclose an extra copy of this form).						
			Deposit Acc	count Number	_07_0832_	(enclose an e	extra copy of this form).	
5. Change in Entity Status a. Applicant claims S	MALL ENTITY status. Se	e 37 CFR 1.27.	☐ b. Appli	cant is no lon	ger claiming SM	ALL ENTITY status. See	37 CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	is requested to apply the Is Publication Fee (if required) ords of the Upped States Pi	sue Fee and Publica will not be accepte stent and Trademark	tion Fee (if a d from anyon t Office.	ny) or to re-a c other than t	pply any previou he applicant; a re	sly paid issue fee to the a gustered attorney or agen	opplication identified above. t; or the assignee or other part	
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This collection of informati an application. Confidentia submitting the completed a	ion is required by 37 CFR I lity is governed by 35 U.S. pplication form to the USP for reducing this hunten.	.311. The informatic C. 122 and 37 CFR TO, Time will vary	on is required 1.14. This co depending to the Chief Infor	to obtain or a placetion is es apport the indiversal of the control of the contro	rctain a benefit b timated to take 1 vidual case. Any er. U.S. Potent au	y the public which is to fi minutes to complete, in comments on the amoun ad Trademark Office, U.S.	le (and by the USPTO to proceeduding gathering, preparing, to f time you require to comp. Department of Commerce, I sioner for Patents, P.O. Box 14	